Under the Pag	erwork Reduction Act or	f 1995, no person are	required to	respond to a collection	n of informat	tion unless it displays	a valid OMB	control number	
	Effective on 12/08	2004.		Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number		10/643,578-Conf. #3949			
FEE TRANSMITTAL				Filing Date August 18, 200					
For FY 2009				First Named Inventor		Nicholas Leventis			
				Examiner Name		J. M. Cooney			
X Applicant claims small entity status. See 37 CFR 1.27				Attolic		796			
TOTAL AMOUNT OF PAYMENT (\$) 405.00				Attomey Docket No. A0958.70000US00					
METHOD OF PAYMENT (check all that apply)									
Check X Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of gee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION									
1. BASIC FILING	, SEARCH, AND E	XAMINATION FE	ES						
	F	LING FEES	SE	ARCH FEES	EXAMI	NATION FEES			
Application Ty	pe Fee (Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)	
Utility	330		540	270	220	110			
Design	220	110	100	50	140	70			
Plant	220	110	330	165	170	85			
Reissue	330	165	540	270	650	325			
Provisional	220		0	0	0	0			
2. EXCESS CLAIM FEES Small Entity									
Fee (\$) Fee (\$)									
Each claim over 20 (including Reissues) 52 26									
							110		
Multiple dependent claims 390 195									
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims									
- 20 or HP x = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20.									
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)									
- 3 or HP = X # HP = highest number of independent claims paid for, if greater than 3.									
_		s paid for, if greater tr	ian 3.						
listings unde	tion and drawings e er 37 CFR 1.52(e)),	the application s	ize fee di	ue is \$270 (\$135 f				0	
Sheets or tra	ction thereof. See			3 / CFR 1.16(s). additional 50 or fra		of Fee (\$)	E	Paid (\$)	
Total Sheets	- 100 =	/50 =		(round up to a who				raiu (#)	
4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37 405.00									
SUBMITTED BY Signature				Registration No.	60.700	Telephone	647.646	2 0000	
	11			(Attorney/Agent)	62,733		617.646		
Name (Print/Type)	Kuangshin Tai, F	h.D.				Date N	lovember	13, 2009	

Certificate of Electronic Filing Under 37 CFR 1.8								
I hereby certify that this paper (along with any paper r	referred to as being-attached or enclosed) is being transmitted via the Office electronic filing							
system in accordance with § 1.6(a)(4).								
, , , , , , , , , , , , , , , , , , , ,	(a) (The can throw							
Dated: November 13, 2009	Signature: 7(1110) . (Och Culcul Upaula K. Fairweather)							
Dated: Nordinadi 10, 2000	(and it is a mountainer)							